

MI9000003925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

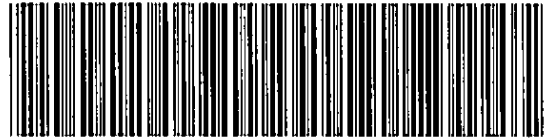
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR 15 PM 01:00:02  
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[Signature]

4-18-19  
[Signature]

111 N RAILROAD ST  
GROESBECK, TX 76642



PHONE: 254.729.8002  
FAX: 254.729.8069

April 9, 2019

Client Code: 1851

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Ref: Application for Certificate of Authority**

Dear Sir/Madam:

We are filing the following documents on behalf of **Alleanza Risk Group LLC**

The items checked below are enclosed.

- ☒ Application for Certificate of Authority
- ☒ Check #31317 Amount \$ 125.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Kenneth Martin*

Kenneth Martin  
Annals and Corporates Specialist  
Insurance Licensing Services of America, Inc.  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6106  
Fax: 254.729.8067  
Email: [kmartin@ilsainc.com](mailto:kmartin@ilsainc.com)

<3189

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Alleanza Risk Group LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kenneth Martin

\_\_\_\_\_  
Name of Person

ILSA, Inc.

\_\_\_\_\_  
Firm/Company

111 N Railroad St

\_\_\_\_\_  
Address

Groesbeck, TX 76642

\_\_\_\_\_  
City/State and Zip Code

kmartin@ilsainc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Martin

254

729-6106

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Alleanza Risk Group LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TX 3. 82-4252101  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8131 Lyndon Baines Johnson Freeway 6. 8131 Lyndon Baines Johnson Freeway  
(Street Address of Principal Office) (Mailing Address)

Dallas, TX 75251 Dallas, TX 75251

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E

Palm Beach Gardens, Florida 33410  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Di. m. son*

2019 SEP 15 01:02  
RECEIVED  
CLERK OF COURT  
CLERK OF COURT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Christopher Festa  
☐ Member Address: \_\_\_\_\_  
☐ Authorized 8131 Lyndon Baines Johnson Freeway  
Person Dallas, TX 75251  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:  
Christopher Festa 4/9/2019  
4A28E0FC092F4E0 Signature of an authorized person

Christopher Festa

Typed or printed name of signer

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



David Whitley  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Alleanza Risk Group LLC (file number 802922593), a Domestic Limited Liability Company (LLC), was filed in this office on January 31, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 09, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley  
Secretary of State